

22. Have pain and symptoms managed to the patient's desired level of comfort. Receive effective pain management and symptom control from the hospice for conditions related to the terminal illness;

The hospice must:

- i. Ensure that all alleged violations involving mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property by anyone furnishing services on behalf of the hospice, are reported immediately by hospice employees and contracted staff to the hospice administrator
- ii. Immediately investigate all alleged violations involving anyone furnishing services on behalf of the hospice and immediately take action to prevent further potential violations while the alleged violation is being verified. Investigations and/or documentation of all alleged violations must be conducted in accordance with established procedures;
- iii. Take appropriate corrective action in accordance with state law if the alleged violation is verified by the hospice administration or an outside body having jurisdiction, such as the State survey agency or local law enforcement agency; and
- iv. Ensure that verified violations are reported to State and local bodies having jurisdiction (including to the State survey and certification agency) within 5 working days of becoming aware of the violation.

If the hospice provider operates a residential hospice facility, the written notice to each residential hospice patient must include the number and qualifications of the personnel, including both staff persons and volunteers, employed by the provider to meet the requirements of MN Rule 4664.0390 on each shift at the residential hospice facility.

IF YOU HAVE A COMPLAINT ABOUT THE AGENCY OR PERSON PROVIDING YOUR HOSPICE SERVICES, YOU MAY CALL, WRITE, OR VISIT THE OFFICE OF HEALTH FACILITY COMPLAINTS, MINNESOTA DEPARTMENT OF HEALTH. YOU MAY ALSO CONTACT THE OFFICE OF OMBUDSMAN FOR LONG-TERM CARE.

Office of Health Facility Complaints

651-201-4201 or 1-800-369-7994

Fax: 651-281-9796

Website: www.health.state.mn.us/divs/fpc/ohfinfo/contohfc.htm

Email: health.ohfc-complaints@state.mn.us

Mailing address: Minnesota Department of Health
Office of Health Facility Complaints
85 East Seventh Place, Suite 300
P.O. Box 64970
St. Paul, MN 55164-0970

Office of Ombudsman for Long-Term Care

651-431-2555 or 1-800-657-3591

Fax: 651-431-7452

Email: mba.ooltc@state.mn.us

Website: mn.gov/dhs/people-we-serve/seniors/services/ombudsman

Mailing Address: Office of Ombudsman for
Long-Term Care
P.O. Box 64971
St. Paul, MN 55164-0971

The Joint Commission

Office of Quality and Patient Safety

The Joint Commission

One Renaissance Boulevard

Oakbrook Terrace, IL 60181

www.jointcommission.org

HOSPICE CARE BILL OF RIGHTS

Minnesota Statute 144A.751

Staff at Children's Minnesota Home Care and Hospice department can help answer your questions about the Minnesota Home Care Bill of Rights.

Licensee information:

- Children's Home Care and Hospice
612-813-6246
2525 Chicago Avenue South
Minneapolis, MN 55404

Problems or complaints may be directed to:

- Home Care and Hospice Patient Care Manager, 612-813-6246
- Home Care Pharmacy Manager, 612-813-7206


MINNESOTA

childrensMN.org

PER MINNESOTA STATUTES, SECTION 144A.751. TO BE USED BY ALL HOSPICE PROVIDERS.

Subdivision 1. Statement of rights.

An individual who receives hospice care has the right to:

Be informed of his or her rights, and the hospice must protect and promote the exercise of these rights.

1. Exercise his or her rights as a patient of the hospice. Receive written information about rights in advance of receiving hospice care or during the initial evaluation visit before the initiation of hospice care, including what to do if rights are violated.

Notice of rights and responsibilities: (i) During the initial assessment visit in advance of furnishing care the hospice must provide the patient or representative with verbal (meaning spoken) and written notice of the patient's rights and responsibilities in a language and manner that the patient understands; (ii) The hospice must comply with the requirements of subpart I of part Code of Federal Regulations (CFR) 489 of this chapter regarding advance directives. The hospice must inform and distribute written information to the patient concerning its policies on advance directives, including a description of applicable State law; (iii) The hospice must obtain the patient's or representative's signature confirming that he or she has received a copy of the notice of rights and responsibilities.

2. Receive care and services according to a suitable hospice plan of care and subject to accepted hospice care standards and to take an active part in creating and changing the plan and evaluating care and services. Be involved in developing his or her hospice plan of care.
3. Be told in advance of receiving care about the services that will be provided, the disciplines that will furnish care, the frequency of visits proposed to be furnished, other choices that are available, and the consequence of these choices, including the consequences of refusing these services.
4. Be told in advance, whenever possible, of any change in the hospice plan of care and to take an active part in any change.
5. Refuse care, services or treatment.

6. Know, in advance, any limits to the services available from a provider, and the provider's grounds for a termination of services. Receive information about the scope of services that the hospice will provide and specific limitations on those services.
7. Know in advance of receiving care whether the hospice services may be covered by health insurance, medical assistance, Medicare, or other health programs in which the individual is enrolled. Receive information about the services covered under the hospice benefit.
8. Receive, upon request, a good faith estimate of the reimbursement the provider expects to receive from the health plan company in which the individual is enrolled. A good faith estimate must also be made available at the request of an individual who is not enrolled in a health plan company. This payment information does not constitute a legally binding estimate of the cost of services.
9. Know that there may be other services available in the community, including other end of life services and other hospice providers, and know where to go for information about these services.
10. Choose freely among available providers and change providers after services have begun, within the limits of health insurance, medical assistance, Medicare, or other health programs. Choose his or her attending physician.
11. Have personal, financial, and medical information kept private and be advised of the provider's policies and procedures regarding disclosure of such information.
12. Be allowed access to records and written information from records according to sections 144.291 to 144.298. Have a confidential clinical record. Access to or release of patient information and clinical records is permitted in accordance with 45 CFR parts 160 and 164.
13. Be served by people who are properly trained and competent to perform their duties.
14. Be treated with courtesy and respect and to have the patient's property treated with respect. To have his or her property and person treated with respect.
15. Voice grievances regarding treatment or care that is, or fails to be, furnished or regarding the lack of courtesy or respect to the patient or the patient's property by anyone who is furnishing services on behalf of the hospice. The patient has the right to not be subjected to discrimination or reprisal for exercising his or her rights.
16. Be free from physical and verbal abuse. Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property.
17. Reasonable, advance notice of changes in services or charges, including at least ten days' advance notice of the termination of a service by a provider, except in cases where: (i) the recipient of services engages in conduct that alters the conditions of employment between the hospice provider and the individual providing hospice services, or creates an abusive or unsafe work environment for the individual providing hospice services; (ii) an emergency for the informal caregiver or a significant change in the recipient's condition has resulted in service needs that exceed the current service provider agreement and that cannot be safely met by the hospice provider; or (iii) the recipient is no longer certified as terminally ill.
18. A coordinated transfer when there will be a change in the provider of services.
19. Know how to contact an individual associated with the provider who is responsible for handling problems and to have the provider investigate and attempt to resolve the grievance or complaint.
20. Know the name and address of the state or county agency to contact for additional information or assistance.
21. Assert these rights personally, or have them asserted by the hospice patient's family when the patient has been judged incompetent, without retaliation if a patient has been adjudged incompetent under state law by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed pursuant to state law to act on the patient's behalf. If a state court has not adjudged a patient incompetent, any legal representative designated by the patient in accordance with state law may exercise the patient's rights to the extent allowed by state law.